Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M

RESUME FORMAT

SEE NEXT PAGES

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT PROJECT MANAGER (US Citizen ONLY) (PER H.5.1.4.1)

NOT	ICE: The contractor, by submitting this document, certifies that the information is true and correct.
Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)	
Date Forn	ed filled in by:
2.	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date) i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)? Yes No If Yes, please explain: (Date, Clearance Level, Issuing Agency) NOTE: This individual must have an interim TOP SECRET security clearance prior to performing his/her duties.
·	(Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No Level 3 (general professional proficiency)
3.	Security/Military Experience. a. A Bachelor's degree (four (4) years of directly related experience may be substituted for degree: Yes No Explain: Enter Details Here b. 15 years total experience to include program support (of which 10 years are specialized experience and physical/personal security related programs and a minimum of (5) years law enforcement, military experience, or guard force management.) Yes No Explain: Enter Details Here

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

<u> </u>	Addi	itional information/comment: Enter Details Here	
	5	Convicted of any felony or misdemeanor involving moral circumstances during the 5-year period preceding the date of this proposal? Yes No	
J.		ability Convicted of any felony or misdemeaner involving and the second	
5.	Suit	ahility	
	g. F	ree of communicable diseases? Yes No	
	t. U	Jp-to-date inoculations for international travel?	
	e. C	Can you hear ordinary conversation?	
	d. A	Are you colorblind?	
	· g	glasses or contacts) to 20/30?	
	c. L	Do you possess vision correctable (i.e. with	
	S	such as standing for prolonged periods of time?	
	V	would interfere with performance of your duties.	
	b. I	Do you have physical disabilities that	
	a. <i>F</i>	Are you well proportioned in height and weight?	
4.	Phy	ysical Fitness. Please certify the following:	•
	2000	ninistering security related program in the Government or public sector environment	
	<u> </u>	cianized experience is delined as progressively responsible professional or managed in	
	<u></u>	activ, in planting, evaluating, analyzing or implementing consummental accoming to	
	Note	e: General experience in program support includes experience, in a professional or managerial	
		Yes No Explain: Enter Details Here	
		umeatory	
	h.	NOT adverse to overseas travel to countries that are considered dangerous or	
	1_	Yes No Explain: Enter Details Here	
	g.	Ability to function effectively in adverse environments	
	•	Yes No Explain: Enter Details Here	
•		<u>audiences</u>	
	f.	Ability to communicate solutions effectively to both technical and non-technical	
		Yes No Explain: Enter Details Here	
	f.	Capable of solving complex problems?	
		Yes No Explain: Enter Details Here	
	e.	Explain. Enter Details Here	
	u.	Demonstrated experience in development of plans, policies and procedures, an interpretation of government regulations?	d
	d.	Yes No Explain: Enter Details Here	
•		implementing government security programs?	_
	c.	Professional and/or managerial experience in planning, evaluating, analyzing, ar	ıć

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	DS/OPO/FPD Office Use Only		
DS/OPO/FPD Reviewer:	Name:		
	Approved:	Disapproved:	
COMMENTS: Enter	Details Here		
•			

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT DEPUTY PROJECT MANAGER (US Citizen ONLY) (PER H.5.1.4.2)

NOTICE: The contractor, by submitting this document, certifies the listed is true and correct.	at the information
Instructions: Please provide the requested information. Save and return in M Document (.doc) Format. Please do not exceed more than five (5) pages)	1S Word
Date: Formed filled in by:	· ,
1. Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date) i. Currently possess a U.S Government security clearance (SECRET, Yes No Test, Yes, please explain: (Date, Clearance Level, Issuing Agence) NOTE: This individual must have an interim TOP SECRET security clear performing his/her duties. 2. Proficiency in English. Please rate your proficiency in both spoken and	X) TOP-SECRET)? y) rance prior to
(Note: Refer to Exhibit H. of the contract for details of each proficiency Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No	r level.)
4. Security/Military Experience. a. A Bachelor's degree (four (4) years of directly related experience m for degree: Yes No Explain: Enter Details Here b. 13 years total experience to include program support (of which specialized experience and physical/personal security related minimum of (5) years law enforcement, military experience, management.) Yes No Explain: Enter Details Here	ch 10 years are

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	DS/OPO/FPD	
6. ——	Additional information/comment: Enter Details Here	<u>e</u>
5.	Suitability Convicted of any felony or misdemeanor involving 5-year period preceding the date of this proposal?	Yes No
	f. Up-to-date inoculations for international travel? g. Free of communicable diseases?	Yes No No Yes No No
	d. Are you colorblind? e. Can you hear ordinary conversation?	Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No ☐
	e. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30?	Yes No
	d. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time?	
4.	Physical Fitness. Please certify the following: a. Are you well proportioned in height and weight?	Yes No
	Note: General experience in program support includes experient capacity, in planning, evaluating, analyzing, or implementing go Specialized experience is defined as progressively responsible pradministering security related program in the Government or pu	ce, in a professional or managerial overnmental security type programs.
	unnealthy	er Details Here
. •	n. NOT adverse to overseas travel to countries that a	re considered dangerous or
		er Details Here
	Yes No Explain: Ent g. Ability to function effectively in adverse environ	ter Details Here
	f. Ability to communicate solutions effectively to be audiences	oth technical and non-technical
•	The state of the s	ter <u>Details Here</u>
	Yes No Explain; En	ter Details Here
	Yes No Explain: En e. Excellent written and verbal communication skill	<u>ter Details Here</u> Is
	interpretation of government regulations?	•
	d. Demonstrated experience in development of r	plans, policies and procedures, and
	Yes No Explain: En	ter Details Here
	c. Professional and/or managerial experience in implementing government security programs?	planning, evaluating, analyzing, and

	Office Use Only			
DS/OPO/FPD Reviewer:	Name:	· •		
	Approved:	Disapproved:		
COMMENTS: Enter	Details Here		•	•
	•	•		•
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Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT GUARD FORCE COMMANDER (US CITIZEN ONLY*) (PER H.5.1.4.3)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

NOTICE: The contractor, by submitting this document, certifies that the informat listed is true and correct.	
Inst	ructions: Please provide the requested information. Save and return in MS Word ument (.doc) Format. Please do not exceed more than five (5) pages)
Date For	e: ned filled in by:
NOT perfo	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date) i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)? Yes No Here if Incumbent Last Name: (EX. SMITH) Example 1
2.	Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No
5.	Security/Military Experience. a. A Bachelor's degree (four (4) years of directly related experience may be substituted for degree) or Officer or Senior Non-Commissioned Officer (NCO), or Military or Mid Grade Police service: Yes No Explain: Enter Details Here
	b. Prior military experience such as obtained by an Officer or Senior NCO in the U.S. Armed Forces:

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	DS/OPO/FPD
6.	Additional information/comment: Enter Details Here
5.	Suitability Convicted of any felony or misdemeanor involving moral circumstances during the 5- year period preceding the date of this proposal? Yes No
	c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? d. Are you colorblind? e. Can you hear ordinary conversation? f. Up-to-date inoculations for international travel? g. Free of communicable diseases? Yes No Conversation? Yes No Conversation?
4.	Physical Fitness. Please certify the following: a. Are you well proportioned in height and weight? Yes No Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? Yes No Do
_	Note: General experience in program support includes experience, in a professional or managerial capacity, in planning, evaluating, analyzing, or implementing governmental security type programs. Specialized experience is defined as progressively responsible professional or managerial experience administering security related program in the Government or public sector environment
	e. Expert in physical security and access control matters: Yes No Explain Enter Details Here
	enforcement/police, or local guard force supervisory experience Yes No Explain: Enter Details Here d. Expert in Force Protection,: Yes No Explain: Enter Details Here
	c. 10 years total experience to include program support and military, similar

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COMMENTS: Enter Details Here		
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Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT ERT COMMANDER (US CITIZEN ONLY*) (PER H.5.1.4.4)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.	
Ins	tructions: Please provide the requested information. Save and return in MS Word cument (.doc) Format. Please do not exceed more than five (5) pages)
Dat For	e: med filled in by:
NO:	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date) i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)? Yes No I If Yes, please explain: (Date, Clearance Level, Issuing Agency) TE: This individual must have an interim SECRET security clearance prior to forming his/her duties.
2.	Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H of the contract for details of each proficiency level.) Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No
6	Security/Military Experience. a. Completion of University, Officer or Senior Non-Commissioned Officer (NCO, or Military or Senior/Mid Grade Police Service: Yes No Explain: Enter Details Here b. Prior military experience such as obtained by an Officer or Senior NCO in the U.S. Armed Forces Yes No Explain: Enter Details Here

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Physical Fitness. Please certify the following: a. Are you well proportioned in height and weight? Yes No b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? Yes No c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? Yes No c. Can you hear ordinary conversation? Yes No c. C. Do you hear ordinary conversation? Yes No c. C. Do you hear ordinary conversation? Yes No c. C. Can you hear ordinary conversation? Yes No c. C. Can you hear ordinary conversation? Yes No c.
Physical Fitness. Please certify the following: a. Are you well proportioned in height and weight? Yes No b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? Yes No c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? Yes No c. Can you hear ordinary conversation? Yes No c. C. Can you hear ordinary conversation? Yes No c. C. Can you hear ordinary conversation? Yes No c. C. Can you hear ordinary conversation? Yes No c. C. Can you hear ordinary conversation? Yes No c. C. Can you hear ordinary conversation? Yes No c. C. Can you hear ordinary conversation? Yes No c. C. Can you hear ordinary conversation? Yes No c. C. C. Converted of any felony or misdemeanor involving moral circumstances during the
Physical Fitness. Please certify the following: a. Are you well proportioned in height and weight? Yes No Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? Yes No C. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? Yes No C. Are you colorblind? Yes No C. Can you hear ordinary conversation? Yes No C. Can you hear ordinary conversation? Yes No C. Conversations for international travel?
Note: General experience in program support includes experience, in a profession managerial capacity, in planning, evaluating, analyzing, or implementing governm security type programs. Specialized experience is defined as progressively respons

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	Approved:Disapproved:
	COMMENTS: Enter Details Here

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT SITE SUPERVISOR (U.S. CITIZEN ONLY*) (PER H.5.1.4.6)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

	TICE: The contractor, by submitting this document, certifies that the information of is true and correct.
Instr Pleas	ructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. se do not exceed more than five (5) pages)
Date For	e: med filled in by:
1.	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date) i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)? Yes No If Yes, please explain: (Date, Clearance Level, Issuing Agency)
NOT perf	TE: This individual must have an interim SECRET security clearance prior to orming his/her duties.
2.	Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H of the contract for details of each proficiency level.) Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No Level No Leve
3.	Security/Military Experience. a. Completion of University, Senior NCO, or Military or Senior/Mid-Grade Police service Yes No Enter Details Here b. Prior military experience such as obtained by a Senior NCO in the U.S. Armed Forces: Yes No Enter Details Here

	c. Minimum of 7 years of military, similar police, or local guard force supervisory
	experience Yes No Enter Details Here
	d. Experienced in physical security and access control matters:
	Yes No Enter Details Here
	e. Qualified to provide instruction in weapons safety/rules of engagement, non-lethal
	weapons, pressure
	point control techniques, close protection procedures, and static/patrol guard procedures.:
	Yes No Enter Details Here
-	
4.	Physical Fitness. Please certify the following:
	a. Are you well proportioned in height and weight? Yes No.
	b. Do you have physical disabilities that
	would interfere with performance of your duties,
	such as standing for prolonged periods of time? Yes No
	c. Do you possess vision correctable (i.e. with
	glasses or contacts) to 20/30? Yes No
	d. Are you colorblind? e. Can you hear ordinary conversation? Yes No No
	e. Can you hear ordinary conversation? f. Up-to-date inoculations for international travel? Yes No No
	g. Free of communicable diseases?
	g. Free of communicatie diseases:
5.	Suitability
	a. Convicted of any felony or misdemeanor involving moral circumstances during the 5-
	year period preceding the date of this proposal? Yes No
6.	A 3 324 and information / someone to Details Uses
o. 	Additional information/comment: Enter Details Here
	
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	Approved:Disapproved:
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Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT SHIFT SUPERVISOR (US CITIZEN ONLY*) (PER H.5.1.4.5)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

NO liste	TICE: The contractor, by submitting this document, certifies that the informationed is true and correct.
Instr	ructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. se do not exceed more than five (5) pages)
Date	e: med filled in by:
NOT perf	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date) i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)? Yes No I If Yes, please explain: (Date, Clearance Level, Issuing Agency) TE: This individual must have an interim SECRET security clearance prior to forming his/her duties.
2.	Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No
7.	Security/Military Experience. a. Completion of University, Senior NCO, or Military or Senior/Mid-Grade Police service: Yes No Enter Details Here b. Prior military experience such as obtained by a Senior NCO in the U.S. Armed Forces: Yes No Enter Details Here c. Minimum of 7 years of military, similar police, or local guard force supervisory experience:

Yε	
	d. Experienced in physical security and access control matters
	Yes No Enter Details Here
	e. Qualified to provide instruction in weapons safety/rules of engagement, non-lethal weapons, pressure point control techniques, close protection procedures, and
	static/patrol guard procedures.:
	Yes No Enter Details Here
4.	Physical Fitness. Please certify the following:
	a. Are you well proportioned in height and weight? Yes No
	b. Do you have physical disabilities that
	would interfere with performance of your duties,
	such as standing for prolonged periods of time? Yes No
	c. Do you possess vision correctable (i.e. with
	glasses or contacts) to 20/30? Yes No
	d. Are you colorblind? Yes No
•	e. Can you hear ordinary conversation? Yes No
	f. Up-to-date inoculations for international travel? Yes No
	g. Free of communicable diseases? Yes No
5.	Suitability
٠.	Convicted of any felony or misdemeanor involving moral circumstances during the 5-
	year period preceding the date of this proposal? Yes No
	A south the section of the section o
6.	Additional information/comment: Enter Details Here
	
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D3/U	PO/FPD Reviewer: Name:
	Approved: Disapproved:
	COMMENTS: Enter Details Here

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT ERT SUPERVISOR (US CITIZEN ONLY*) (PER H.5.1.4.7)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

liste Inst	TICE: The contractor, by submitting this document, certifies that the information ed is true and correct. ructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. se do not exceed more than five (5) pages)
Dat For	e: med filled in by:
NO perí	Personnel Information: a. Last Name: (EX. SMITH) a. First Name: (EX. JOHN) b. Social Security Number (If Available): XXX-XX-XXXX c. Gender: Male Female d. Citizenship: (EX. ENGLAND) e. DOB (Must be at least 21): (EX. Month-XX/Day-XX/Year-XXXX) f. POB: (Ex. City/State/Country) g. Passport Information: (Country, Pasport Number, Expiration Date) h. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)? Yes No I If Yes, please explain: (Date, Clearance Level, Issuing Agency) TE: This individual must have an interim SECRET security clearance prior to forming his/her duties.
2.	Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: English Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No
8.	Security/Military Experience. a. Completion of University, Senior NCO, or Military or Senior/Mid-Grade Police service: Yes No Enter Details Here b. Prior military experience such as obtained by a Senior NCO in the U.S. Armed Forces: Yes No Enter Details Here c. Minimum of 7 years of military, similar police, or local guard force supervisory experience:

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

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	Yes No Enter Details Here d. Familiarity with physical security and access control Yes No Enter Details Here	rol matters:	· •
	e. Qualified to provide instruction in weapons safety/ru weapons, pressure point control techniques, close protection proced procedures. Yes No Enter Details Here		•
	Yes No Enter Details Here		
•	Physical Fitness. Please certify the following: a. Are you well proportioned in height and weight? b. Do you have physical disabilities that	Yes 🗌	No 🗌
	would interfere with performance of your duties, such as standing for prolonged periods of time?	Yes 🗌	No 🗌
	c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? d. Are you colorblind?	Yes Yes Yes	No 🗌
	e. Can you hear ordinary conversation?f. Up-to-date inoculations for international travel?g. Free of communicable diseases?	Yes. Yes Yes	No No No
i.	Suitability Convicted of any felony or misdemeanor involving mora year period preceding the date of this proposal? Yes		s during the 5-
•	Additional information/comment: Enter Details Here		
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S/0	OPO/FPD Reviewer: Name:		
	4	Disapproved:	
	Approved:		

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT SENIOR GUARD (U.S. OR EXPAT) (PER H.5.1.4.8)

4.	a. Are you well prob. Do you have phy	portioned i sical disabi	n height and weigh lities that	_	No 🗌
		for prolong	nance of your dutie ged periods of time? ctable (i.e. with		No 🗌
	glasses or contac d. Are you colorblin	ts) to 20/30 ad?	?	Yes Tes Tes	No 🔲
	e. Can you hear ord f. Up-to-date inocu g. Free of communi	lations for	international travel?	Yes Yes Yes Yes	No 🗌 No 🗍
5.	Suitability Convicted of any fe			g moral circumstan Yes 🗌	ces during the 5-
6.	Additional informa	ntion/comn	nent: Enter Details	Here	
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DS/OP	PO/FPD Reviewer:	Name:_	DS/OPO/FPD Office Use Only		
		Approve	d:	Disapproved	·
• •	COMMENTS: Enter	Details He	ere		

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT SENIOR GUARD (TCN) (PER H.5.1.4.8)

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DS/O	PO/FPD Reviewer:	Name:_ Approve	DS/OPO/FPD Office Use Only d:	Disapproved:	•
DS/O	PO/FPD Reviewer:	Name:_		•	
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6.	Additional inform	ation/com	nent: Enter Details He	re .	
5.	Suitability Convicted of any fe year period precedir	elony or mis	sdemeanor involving n of this proposal?		s during the 5-
	g. Free of commun			Yes [No 🗆
	e. Can you hear ore f. Up-to-date inocu		versation? international travel?	Yes 🗍 Yes 🗍	No 🗍
	glasses or contact d. Are you colorbli		0?	Yes ☐ Yes ☐	No □ · No □
	would interfere	with perfor for prolon	mance of your duties, ged periods of time?	Yes 🗌 .	No 🗀
	b. Do you have phy	ysical disab	ilities that	. —	
			in height and weight?	Yes 🗌	No 🗌

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT DISPATCHER/SENIOR GUARD (U.S. CITIZEN ONLY*) (PER H.5.1.4.9)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

liste Inst	OTICE: The contractor, by submitting this document, certifies that the information ed is true and correct. Bructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format.
— Dat	te: rmed filled in by:
1.	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date) i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)? Yes No If Yes, please explain: (Date, Clearance Level, Issuing Agency) TE: This individual must have an interim SECRET security clearance prior to forming his/her duties.
2.	Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level:) Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No
3. \$	a. Minimum of 3 years of military, similar police, or local guard force experience Yes No Explain: Enter Details Here b. Proficient in operating and monitoring of communications equipment? Yes No Explain: Enter Details Here c. Minimum of 1 year experience in military, police, or local guard force communications/dispatching: Yes No Explain: Enter Details Here d. Familiar with physical security and access control matters?

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

	Yes 🗌	No 🗌	Explain: <u>Enter Detai</u>	ls Here	
4.	Physical Fitness. It a. Are you well prob. Do you have phy	portioned in sical disabili	height and weight?	Yes 🗌	No 🗌
		for prolonge	ance of your duties, d periods of time? table (i.e. with	Yes 🗌	No 🗌
	glasses or contact d. Are you colorbling e. Can you hear ord f. Up-to-date inocut g. Free of community	ts) to 20/30? nd? linary conver lations for in	rsation? hternational travel?	Yes Yes	No
5.	Suitability Convicted of any fe year period preceding		emeanor involving n f this proposal?		s during the 5-
6.	Additional informa	ation/comm	ent: Enter Details Ho	ere	•
DS/O	PO/FPD Reviewer:	Name:	DS/OPO/FPD Office Use Only	·	
	•	Approved		Disapproved:	
	COMMENTS: Enter	Details Her	<u>.</u> <u>e</u>		
			•	•	

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT ERT MEMBER (US CITIZEN ONLY*) (PER H.5.1.4.10)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

	e do not exceed more than five (5) pages)
ate: orn	: ned filled in by:
	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country)
	h. Passport Information: (Country, Pasport Number, Expiration Date)
	(Note: Refer to Exhibit H of the contract for details of each proficiency level.)
	Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No Level 3 (general professional proficiency) Yes No Level No
	Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No Security/Military Experience.
	Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No Yes No No No No No No No No
	Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No Security/Military Experience. a. Possess minimum of 4 years military, similar police, or local guard force experience 1 Yes No Explain: Enter Details Here
	Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No Security/Military Experience. a. Possess minimum of 4 years military, similar police, or local guard force experience 1 Yes No Explain: Enter Details Here b.
	Level 3 (general professional proficiency) Yes No Written: Level 3 (general professional proficiency) Yes No Security/Military Experience. a. Possess minimum of 4 years military, similar police, or local guard force experience 1 Yes No Explain: Enter Details Here b. Yes No Explain: Enter Details Here C. Familiar with physical security and access control matters
•	Spoken:

			•	
4.	Physical Fitness. Please co			
	a. Are you well proportion		Yes 📙	No 🖸
	b. Do you have physical dis would interfere with per			
	such as standing for prol		V 🗀	УТ. П
	c. Do you possess vision co	origed periods of time?	Yes 🔲 .	No 🗌
	glasses or contacts) to 20)/30?	Yes 🖂	№ П
•	d. Are you colorblind?	<i>,,</i> 50.	Yes	No
	e. Can you hear ordinary co	onversation?	Yes 🗍	No
	f. Up-to-date inoculations i		Yes 🗍	No 🗆
	g. Free of communicable di	iseases?	Yes 🗌	No 🗌
5.	Suitability		<u> </u>	
J,	Convicted of any felony or	misdemeanor involving m	oral airaumatanasa	duning iba E
	year period preceding the da	ansdemeanor myorymg m		o
	Jan posted problems and a	no or ans proposar:		° Ш
6.	Additional information/co	mment: Enter Details He	ere .	
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		DS/OPO/FPD		
		Office Use Only		
ስ <i>ৎ/</i> ስ	PO/FPD Reviewer: Name	•		
03/0	10/11D Reviewer. Nume		·	
	Appro	oved:	Disapproved:	•
	COMMENTS: Enter Details	<u>Here</u>		
	•		-	
	•	•	•	
				-

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT ERT GUARD DRIVER (US CITIZEN ONLY*)

(PER H.5.1.4.10.1)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

NO liste	TICE: The contractor, by submitting this document, certifies that the information ed is true and correct.
Insti	ructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. se do not exceed more than five (5) pages)
Dat For	e: med_filled in by:
1.	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female c. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date) i. Currently possess or able to obtain driver's license in Afghanistan for all vehicles required under this contract? Yes No
2.	Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H.of the contract for details of each proficiency level.) Spoken: English Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No
3.	Security/Military Experience. a. Possess minimum of 4 years military, similar police, or local guard force experience 1 of which shall be with Yes No Explain: Enter Details Here b.
	Yes No Explain: Enter Details Here c. An operating record without significant traffic violations or accidents during the preceding 5 years and during the period of performance of this contract? Yes No Explain: Enter Details Here

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

	techniques? Yes	<u>ls Here</u>		
	e. Proficient in defensive driving techniques? Yes No Explain: Enter Detail	<u>s Here</u>		
	•			
4.	Physical Fitness. Please certify the following: a. Are you well proportioned in height and weight? b. Do you have physical disabilities that would interfere with performance of your duties,	Yes 🗌	No 🗌	_
	such as standing for prolonged periods of time? c. Do you possess vision correctable (i.e. with	Yes 🗌	No 🗌	
	glasses or contacts) to 20/30?	Yes 🗀	No 🗌	
	d. Are you colorblind?	Yes 🗍	No 🗍	
	e. Can you hear ordinary conversation?	Yes 🔲	No 🔲	
	f. Up-to-date inoculations for international travel?	Yes 🔲	No 🔲	
	g. Free of communicable diseases?	Yes	No 🔲	
5.	Suitability Convicted of any felony or misdemeanor involving meyear period preceding the date of this proposal?		during the 5-	
6.	Additional information/comment: Enter Details He	<u>re</u>	•	
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<i>U</i> Ş/U				i -
<i>D</i> 3/U	Approved:	_Disapproved:		
<i>D</i> Ş/U	Approved: COMMENTS: Enter Details Here	_Disapproved:	-	
<i>D</i> Ş/ U	- -	_Disapproved:		

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT ERT GUARD/EMERGENCY MEDICAL TECHNICIAN (US CITIZEN ONLY*) (PER H.5.1.4.10.2)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

Date Forn	: ned filled in by:
Ι.	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date)
	Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No
	Security/Military Experience. a. Possess minimum of 4 years military, similar police, or local guard force experience 1 of which shall be Yes No Explain: Enter Details Here

_	<u> </u>		
· 4.	Physical Fitness. Please certify the following: a. Are you well proportioned in height and weight?b. Do you have physical disabilities that	Yes	No 🗌
	would interfere with performance of your duties,		•
	such as standing for prolonged periods of time?	Yes 🗌	No 🔲
	c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30?	· —	
	d. Are you colorblind?	Yes [·]	No 🗌
	e. Can you hear ordinary conversation?	Yes ∐ Yes □	No □ No □
	f. Up-to-date inoculations for international travel?	Yes \square	No 🗆
	.g. Free of communicable diseases?	Yes [No 🗌
5.	Suitability		
	Convicted of any felony or misdemeanor involving m	oral circumstances	during the 5-
	year period preceding the date of this proposal?		4o □
6.	Additional information/comment: Enter Details He	ere	
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	DS/OPO/FPD		
•	Office Use Only	•	
DS/O	PO/FPD Reviewer: Name:	•	
	Approved:	_Disapproved:	······································
	COMMENTS: Enter Details Here		
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Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

B2!

EXHIBIT M - RESUME FORMAT ERT GUARD - MARKSMAN (US CITIZEN ONLY*) (PER H.5.1.4.10.3)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

Pleas Date	ructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. se do not exceed more than five (5) pages) e: med filled in by:
1.	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XXXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date)
2.	Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H of the contract for details of each proficiency level.) Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No Level No Leve
5.	Security/Military Experience. a. Possess minimum of 4 years military, similar police, or local guard force experience 1

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Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

B2

EXHIBIT M - RESUME FORMAT ERT GUARD (US CITIZEN ONLY*) (PER H.5.1.4.10.4)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

For	med filled in by:
	A. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date)
•	Proficiency in English. Please rate your proficiency in both spoken and written English (Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No
	Security/Military Experience. a. Possess minimum of 4 years military, similar police, or local guard force experience. Yes No Explain: Enter Details Here c. Familiar with physical security and access control matters

4.	Physical Fitness. Please certify the following:		,
	a. Are you well proportioned in height and weight	ht? Yes 🗌	No 🗌
	b. Do you have physical disabilities that	=	
	would interfere with performance of your duti		
	such as standing for prolonged periods of time	e? Yes 🗌	No 🗌
	c. Do you possess vision correctable (i.e. with		_
	glasses or contacts) to 20/30?	Yes 🗌	No 🔲 .
	d. Are you colorblind?	Yes 📋	No 🔲
	e. Can you hear ordinary conversation?	Yes 🔲 .	No 🔲
	f. Up-to-date inoculations for international trave g. Free of communicable diseases?		No 🔲
	g. Free of communicable diseases:	Yes	No 🗌
5.	Suitability	·	
	Convicted of any felony or misdemeanor involving	ng moral circumstance	es during the 5-
	year period preceding the date of this proposal?		No [
_			
6.	Additional information/comment: Enter Detail	s Here	
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	DS/OPO/FPD		
	Office Use Only		
DS/O	PO/FPD Reviewer: Name:	•	
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	Approved:	Disapproved: _	
	COMMENTS: Enter Details Here		
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Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

Exhibit M - Resume Format ERT SENIOR GUARD (US CITIZEN ONLY*) (PER H.5.1.4.10.5)

* Incumbent Expats are exempt from the U.S. Citizenship requirement, with approval from RSO/OPO (see section C.1.2)

rn	: ned filled in by:
•	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date) i. Currently possess a U.S Government security clearance (SECRET, TOP-SECRET)? Yes No
]	If Yes, please explain: (Date, Clearance Level, Issuing Agency) E: This individual must have an interim SECRET security clearance prior to rming his/her duties.
C.	E: This individual must have an interim SECRET security clearance prior to rming his/her duties. Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: English Level 3 (general professional proficiency) Yes No
]	E: This individual must have an interim SECRET security clearance prior to rming his/her duties. Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: English
r fo	E: This individual must have an interim SECRET security clearance prior to rming his/her duties. Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: Level 3 (general professional proficiency) Written:

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	c.
	Yes No Explain: Enter Details Here
	d Proficient in access control procedures of vehicles and pedestrians?
	Yes No Explain: Enter Details Here
	e Knowledgeable of proper patrol procedures
	Yes No Explain: Enter Details Here
	f Skilled in operating two-way communication devices?
	Yes No Explain: Enter Details Here
1.	Physical Fitness. Please certify the following:
٠.	and the contract of the contra
	 a. Are you well proportioned in height and weight? b. Do you have physical disabilities that
	would interfere with performance of your duties,
5.	such as standing for prolonged periods of time? Yes No Do you possess vision correctable (i.e. with
, .	1
	f. Up-to-date inoculations for international travel? Yes No
	g. Free of communicable diseases? Yes No
<u> </u>	Suitability
	Convicted of any felony or misdemeanor involving moral circumstances during the 5-
	year period preceding the date of this proposal? Yes No
	, 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Additional information/comment: Enter Details Here
	•
	•
	DS/OPO/FPD
	Office Use Only
S/O	PO/FPD Reviewer: Name:
	Approved:Disapproved:
	COMMENTS: Enter Details Here
	•
	•

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - Resume Format GUARD (TCN)(PER H.5.1.4.11)

Pleas	ructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. se do not exceed more than five (5) pages)				
Date: Formed filled in by:					
1.	A. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date)				
2.	Proficiency in English. Please rate your proficiency in both spoken and written English (Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: English Level 2 (limited working proficiency) Written: Level 2 (limited working proficiency) Yes No				
3.	Security/Military Experience. a. Minimum of 3 years of military, similar police, or local guard force experience Yes No Explain: Enter Details Here b. Demonstrated proficiency with military grade weapons? Yes No Explain: Enter Details Here c. Able to obtain a valid current local or international driver's license? Yes No Explain: Enter Details Here d. Possess acceptable personal, and military record? Yes No Explain: Enter Details Here e. Meet professional conduct, health, and appearance requirements? Yes No Explain: Enter Details Here				
•	Physical Fitness. Please certify the following: a. Are you well proportioned in height and weight? Yes No Do you have physical disabilities that would interfere with performance of your duties,				

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

	such as standing c. Do you possess	for prolonged periods of tirvision correctable (i.e. with	me? Yes	No 🗌
	glasses or contact d. Are you colorbline. Can you hear or	ets) to 20/30? nd? linary conversation? lations for international trav	Yes Yes Yes	No
5.	Suitability		-	
	year period precedir	lony or misdemeanor involving the date of this proposal?	ving moral circumstand Yes [ces during the 5- No []
6.	Additional informa	ation/comment: Enter Deta	ils Here	
				•
		DS/OPO/FP1		•
		Office Use On	ly	
DS/C	PO/FPD Reviewer:	Name:	•	
		Approved:	Disapproved:	·
	COMMENTS: Enter	Details Here	•	
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	. •			-

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT SCREENER (INTERPRETER) (LN - LOCAL NATIONAL) (PER H.5.1.4.12)

	do not exceed more than five (5) pages)	turn in MS Word Document (.doc) Format.
Date: Form	ed filled in by:	
1.	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month-X g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport N	X/Day- XX/Year-XXXX)
2.	Language Proficiency Please rate your written and the following languages: Dari, Pashto, or Urdu (Note: Refer to Exhibit H. of the contract for detail Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency)	
	Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Spoken: Level 3 (general professional proficiency)	Pashto Yes □ No □ Yes □ No □ Urdu Yes □ No □
	Written: Level 3 (general professional proficiency)	Yes No

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

	b. Familiarity with physical security and access control matters?	
	Yes No Explain: Enter Details Here	
	c. Familiarity with local customs?	
	Yes No Explain: Enter Details Here	
4.	Physical Fitness. Please certify the following:	
	a. Are you well proportioned in height and weight? Yes No	
	b. Do you have physical disabilities that	_
	would interfere with performance of your duties,	
	such as standing for prolonged periods of time? Yes No	
	c. Do you possess vision correctable (i.e. with	
	glasses or contacts) to 20/30? Yes No	
	d. Are you colorblind? Yes No	
	e. Can you hear ordinary conversation? Yes No	
	f. Up-to-date inoculations for international travel? Yes No	
	g. Free of communicable diseases? Yes No	
5,	Cuitabilite.	
٦,	Suitability Convicted of any felony or misdemeanor involving moral circumstances during	- 4h a 6
	year period preceding the date of this proposal? Yes No	g the 3-
	year period processing the date of this proposar:	
6.	Additional information/comment: Enter Details Here	
	D.C. (O.D.O./T.D.D.)	
	DS/OPO/FPD	
	Office Use Only	
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	Approved:Disapproved:	
	COMMENTS: Enter Details Here	
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Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT GUARD (LN) (PER H.5.1.4.13)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.					
	Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)				
Dat For	e: med filled in by:			-	
1.	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-1 d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month-XX/I g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Num	Day- XX/Year-X	XXXX)		
2. Se	a. Possess acceptable personal, and if appropriate, mi Yes No Explain: Enter Details b. Familiar with physical security and access control of Yes No Explain: Enter Details c. Familiar with local customs? Yes No Explain: Enter Details	<u>Here</u> matters? <u>Here</u>		•	
3.	 Physical Fitness. Please certify the following: a. Are you well proportioned in height and weight? b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? d. Are you colorblind? e. Can you hear ordinary conversation? f. Up-to-date inoculations for international travel? g. Free of communicable diseases? 	Yes	No		

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

4.	Convicted of any fe year period preceding	lony or misdemeanor inv ng the date of this propos	olving moral circumstances during the 5- al? Yes No
5.	Additional inform	ation/comment: Enter D	etails Here
-	·		
		DS/OPO/F Office Use (
DS/C	PO/FPD Reviewer:	Name:	·
		Approved:	Disapproved:
	COMMENTS: Enter	Details Here	

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Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT EXPLOSIVE ORDINANCE DETECTION (EOD) DOG HANDLER (US/EXPAT) (PER 5.1.4.14)

	ICE: The contractor, by submitting this document, certifies that the information d is true and correct.
Instr	uctions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. e do not exceed more than five (5) pages)
Date Forn	: ned filled in by:
1.	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date)
2.	Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No
3.	Security/Military Experience. a. Minimum of 3 years of military, similar police, or local guard force experience in explosive ordinance detection dog handing Yes No Explain: Enter Details Here b. Competent dog handling skills Yes No Explain: Enter Details Here c. Familiar with physical security and access control matters Yes No Explain: Enter Details Here
1.	Physical Fitness. Please certify the following: a. Are you well proportioned in height and weight? Yes No Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? Yes No Do you possess vision correctable (i.e. with

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

	glasses or contact d. Are you colorbline. Can you hear ord f. Up-to-date inocu	nd? linary conversatio lations for interna		Yes	No
	g. Free of communi	cable diseases?	•	Yes 🗌	No 🗌
5.	Suitability Convicted of any fe year period precedir				s during the 5- No [
6.	Additional informa	tion/comment: <u>I</u>	Enter Details Here	3	
			OPO/FPD ce Use Only		
DS/C	PO/FPD Reviewer:	Name:	Disapproved:[_	
	COMMENTS: Enter	Details Here	•		

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT RADIO MAINTENANCE TECHNICIAN (US/EXPAT) (PER H.5.1.4.16.1)

liste	IICE: The contractor, by submitting this document, certifies that the information d is true and correct. uctions: Please provide the requested information. Save and return in MS Word Document (.doc) Format.
Pleas	e do not exceed more than five (5) pages)
Date For	e: ned filled in by:
1.	A. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date)
2.	Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H.3.2 of the contract for details of each proficiency level.) Spoken: English Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No
3.	Security/Military Experience. a. A minimum of 3 (three) years of experience maintaining similar radios Yes No Explain: Enter Details Here b. Experienced with, and capable of, maintaining all assigned ESF communication s equipment Yes No Explain: Enter Details Here c. Attended and completed a Motorola training certification course on the type of radio used by post prior to performing his/her duties. Yes No Explain: Enter Details Here

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

4.				
••		Please certify the following:		
		oportioned in height and weigh	nt? Yes 🗌	No 🗌
•		ysical disabilities that		
		with performance of your dutie	·	
		for prolonged periods of time	? Yes 🗌	No 🔲
		vision correctable (i.e. with	, —	_
	glasses or contac		Yes _	No ∐
	d. Are you colorbli		Yes 🔲	No 🔲
		dinary conversation?	Yes 📙	No 🔲
•	g. Free of commun	ilations for international travel	- -	No 🗌
	g. Free or commun	icable diseases?	Yes	No 🔝
5.	Suitability			
		elony or misdemeanor involvin	g moral circumstand	es during the 5-
	year period preceding	ng the date of this proposal?	Yes No	os caring nic 3
				•
6.	Additional inform	ation/comment: Enter Details	<u>Here</u>	
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-		DS/OPO/FPD		
	•	DS/OPO/FPD Office Use Only		· ·
	DOWND D	Office Use Only	·	
DS/O	PO/FPD Reviewer:		·	
 DS/O	PO/FPD Reviewer:	Office Use Only Name:		•
	PO/FPD Reviewer:	Office Use Only	Disapproved:	
DS/O		Office Use Only Name: Approved:	Disapproved:	•
DS/O	PO/FPD Reviewer: COMMENTS:Enter	Office Use Only Name: Approved:	Disapproved:	•
DS/O		Office Use Only Name: Approved:	Disapproved:	

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT VEHICLE MAINTENANCE TECHNICIAN (US/EXPAT) (PER H.5.1.4.16.2)

	CE: The contractor, by submitting this document, certifies that the information is true and correct.
Instruc	tions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. do not exceed more than five (5) pages)
Date: Forme	ed filled in by:
1.	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XXXXX d. Gender: Male Female 6 e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date)
2	Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No Level No Lev
	Security/Military Experience. a. A minimum of 3 (three) years of experience maintaining similar motor vehicles Yes No Explain: Enter Details Here b. Experienced with, and capable of, maintaining all assigned ESF motor vehicles Yes No Explain: Enter Details Here c. Meet requirements outlined in H.13 Yes No Explain: Enter Details Here d. Attended and completed a Lenco training certification course on the maintenance and repair of Bearcat vehicles Yes No Explain: Enter Details Here e. Completed DEAVFAV/BEARCAT orientation Yes No Explain: Enter Details Here
	160 To Exhiam: Enter Details Here

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

4.	Physical Fitness. Please certify the following:		
	a. Are you well proportioned in height and weight?	Yes 🗌	No 🗌
	b, Do you have physical disabilities that would interfere with performance of your duties,		•
	such as standing for prolonged periods of time?	Yes 🗍	No 🗍
	c. Do you possess vision correctable (i.e. with	ics [140
	glasses or contacts) to 20/30?	Yes 🗍	No 🗍
	d. Are you colorblind?	Yes 🔲	No 🗌
•	e. Can you hear ordinary conversation?	Yes 🔲	No 🔲
	f. Up-to-date inoculations for international travel?	Yes 🔲	No 🔲
	g. Free of communicable diseases?	Yes 🗌	No 🗌
5.	Suitability		
	a. Convicted of any felony or misdemeanor in	olving moral circ	•
	during the 5-year period preceding the date	of this proposal?	Yes N
	·		
6.	Driving:		
	a. List driver license information: (Country/State/City,	number): <u>Enter l</u>	Details Here
	b. Any traffic violation or accidents within the last 5 years.	o' se [¬
	c. Drivers License or ability to obtain driver's license	ears? Yes [☐ No ☐
	vehicles required under this contract? Yes No	m naq, n required	i by law, lor al
	d. Exhibit basic knowledge of vehicle operator function		ıg
	techniques? Yes No		·.
•	e. Familiar with physical security and access control m		No
	f. Skilled in operating two-way radio communication of	levices? Yes [☐ No ☐
6.			
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	DC/ODO/EDD		
	DS/OPO/FPD Office Use Only		
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DS/O	PO/FPD Reviewer: Name:		
	Approved:	Disapproved:	
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	COMMENTS: Enter Details Here	•	

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT ARMORER – WEAPON MAINTENANCE TECHNICIAN (US/EXPAT) (PER H.5.1.4.16.3)						
NOT listed	NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct.					
Instru	etio	ns: Please provide the requested information. Save and return in MS Word Document (.doc) Format. not exceed more than five (5) pages)				
Date Forn		filled in by:				
1. 2.	Pı (N Sı	a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male				
4.	Aı	rmorer Experience				
	a.	A minimum of 3 (three) years experience with maintenance of weapons to Original Equipment Manufacturers (OEM) standards for all ESF assigned weapons Yes No Explain: Enter Details Here				
	b.	Factory certified on all weapons for which he/she is responsible (see Exhibits A and E), within the last five years. Yes No Explain: Enter Details Here				
	c.	Attended and completed training at DEAV prior to performing his/her duties Yes No Explain: Enter Details Here				
	đ.	Capable of maintaining on-going inventory data base of all assigned weapons and ammunition Yes No Explain: Enter Details Here				

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Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

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4.		lease certify the following: portioned in height and weight?	Yes No
	•	sical disabilities that	18 110 [
		with performance of your duties,	
		for prolonged periods of time?	Yes No
		sion correctable (i.e. with	
	glasses or contac	s) to 20/30?	Yes No
	d. Are you colorbling	Yes □No □	
	e. Can you hear ord		Yes No
		ations for international travel?	Yes UNo U
	g. Free of communi	cable diseases?	Yes 🔛 No 🔲
		ony or misdemeanor involving moral of the date of this proposal? Yes	
6.	Additional informa	tion/comment:	
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		DS/OPO/FPD	
		Office Use Only	
D. C. / C.	no Enn n	37. .	
<i>V3/U</i>	PO/FPD Reviewer:	Name:	
		Approved: Disapproved:	·
	COMMENTS: Enter	Details Here	
		*	
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Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT PHYSICIAN ASSISTANT (US/EXPAT) (PER H.5.1.4.17)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct. Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages)				
1.	Personnel Information: a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) c. Social Security Number (If Available): XXX-XX-XXXX d. Gender: Male Female e. Citizenship: (EX. ENGLAND) f. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) g. POB: (Ex. City/State/Country) h. Passport Information: (Country, Pasport Number, Expiration Date)			
2.	Proficiency in English. Please rate your proficiency in spoken and English. (Note: Refer to Exhibit H of the contract for details of each proficiency level.) Spoken: Level 3 (General Professional Proficiency) Written: Level 3 (General Professional Proficiency) Yes No English Level 3 (General Professional Proficiency) Yes No			
3.	Proficiency in the native language of the majority of the guard force Spoken: Level 3 (General Professional Proficiency) Written: Language: Language: Language: Yes No No No			
5.	a. At least 3 years of experience as a Physician Assistant or a higher level, preferably with the military or in combat zone. Yes No Explain: Enter Details Here b. Certification by a recognized entity Yes No Explain: Enter Details Here c. Ability to work additional hours, as needed Yes No Explain: Enter Details Here d. Capable of meeting health requirements (See Section H.2.3)			

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Physical Fitness. Please certify the following:	['
a. Are you well proportioned in height and weight?b. Do you have physical disabilities that	Yes No 🗌
would interfere with performance of your duties,	•
such as standing for prolonged periods of time?	Yes No
c. Do you possess vision correctable (i.e. with	
glasses or contacts) to 20/30?	Yes 🗌 No 🔲
d. Are you colorblind?	Yes No 🔲
e. Can you hear ordinary conversation?	Yes No
f. Up-to-date inoculations for international travel? g. Free of communicable diseases?	Yes No
g. Free of communicable diseases?	Yes No
Suitability Convicted of any felony or misdemeanor involving moral circuly year period preceding the date of this proposal? Yes No	
 Convicted of any felony or misdemeanor involving moral circum	
Convicted of any felony or misdemeanor involving moral circular year period preceding the date of this proposal? Yes No	
Convicted of any felony or misdemeanor involving moral circular year period preceding the date of this proposal? Yes No	
Convicted of any felony or misdemeanor involving moral circuly year period preceding the date of this proposal? Yes No Additional information/comment:	
 Convicted of any felony or misdemeanor involving moral circuly year period preceding the date of this proposal? Yes No Additional information/comment:	
 Convicted of any felony or misdemeanor involving moral circuly year period preceding the date of this proposal? Yes No Additional information/comment: DS/OPO/FPD Office Use Only	
 Convicted of any felony or misdemeanor involving moral circuly year period preceding the date of this proposal? Yes No Additional information/comment: DS/OPO/FPD Office Use Only PO/FPD Reviewer: Name:	

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EXHIBIT M - RESUME FORMAT CERTIFIED FIREARMS INSTRUCTOR (US/EXPAT) (PER H.5.5.5.1)

NOTICE: The contractor, by submitting this document, certifies that the information listed is true and correct. Instructions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. Please do not exceed more than five (5) pages) Date: Formed filled in by: Personnel Information: Check here if Incumbent a. Last Name: (EX. SMITH) b. First Name: (EX. JOHN) b. Social Security Number (If Available): XXX-XX-XXXX c. Gender: Male Female d. Citizenship: (EX. ENGLAND) e. DOB (Must be at least 21): (EX. Month-XX/Day-XX/Year-XXXX) (Ex. City/State/Country) g. Passport Information: (Country, Pasport Number, Expiration Date) Proficiency in English. Please rate your proficiency in both spoken and written English. 2. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: English Level 3 (general professional proficiency) Yes No 🗌 Written: Level 3 (general professional proficiency) Yes No No 3. Provide verifiable evidence of successful training and work experience. a. Qualified at the level necessary to provide firearms instruction for the weapons described in Exhibit E. No 🗌 Explain: Enter Details Here c. Possess verifiable certification of successful training and work experience as an instructor. Yes 🗌 No 🗌 Explain: Enter Details Here Physical Fitness. Please certify the following: a. Are you well proportioned in height and weight? Yes \square No b. Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? Yes 🗌 No c. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? Yes No d. Are you colorblind? Yes No e. Can you hear ordinary conversation? Yes No f. Up-to-date inoculations for international travel? No Yes

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	g. Free of commun	icable diseases?	Yes 🗌	No 🗌
5.		lony or misdemeanor invenge the date of this propose	olving moral circumstances	s during the 5-
6.	Additional informa	tion/comment: Enter De	tails Here	
				•
		DS/OPO/F. Office Use (
DS/C	PO/FPD Reviewer:	Name:		•
	•	Approved:	Disapproved:	
	COMMENTS: Enter	Details Here	•	
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Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

EXHIBIT M - RESUME FORMAT CERTIFIED INSTRUCTOR (US/EXPAT) (PER H.5.5.1.3)

NO liste	TICE: The contractor, by submitting this document, certifies that the informationed is true and correct.					
Instr Pleas	nuctions: Please provide the requested information. Save and return in MS Word Document (.doc) Format. e do not exceed more than five (5) pages)					
	Date: Formed filled in by:					
1.	A. Last Name: (EX. SMITH) a. First Name: (EX. JOHN) b. Social Security Number (If Available): XXX-XX-XXXX c. Gender: Male Female d. Citizenship: (EX. ENGLAND) e. DOB (Must be at least 21): (EX. Month- XX/Day- XX/Year-XXXX) f. POB: (Ex. City/State/Country) g. Passport Information: (Country, Pasport Number, Expiration Date)					
2.	Proficiency in English. Please rate your proficiency in both spoken and written English. (Note: Refer to Exhibit H. of the contract for details of each proficiency level.) Spoken: Level 3 (general professional proficiency) Written: Level 3 (general professional proficiency) Yes No					
4.	Experience/Certification. a. Possess Documentation of past teaching experiences or successfully completed an "instructor training course" by a recognized accreditation-training program. Yes No Explain: Enter Details Here b. Possess verifiable certification of at least eight (8) years of successful training and work experience as an instructor, typically as an instructor at a U.S. federal, state, local government or military training facility Yes No Explain: Enter Details Here					
4.	Physical Fitness. Please certify the following: a. Are you well proportioned in height and weight? Yes No Do you have physical disabilities that would interfere with performance of your duties, such as standing for prolonged periods of time? Yes No C. Do you possess vision correctable (i.e. with glasses or contacts) to 20/30? Yes No					

Contract No. S-AQMPD-07-C0054 Local Guard Services Kabul, Afghanistan

	d. Are you colorbli	nd?		Yes 🗍	No 🗀
•		dinary conversation?		Yes \square	No 🗆
		lations for internation	al travel?	Yes 🗍	No 🗍
	g. Free of commun		ai uavoi:	<u></u>	=
	g. The of communi	icavie discases:		Yes	No 📙
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5.	Suitability				
		lony or misdemeanor	involving mora	l circumetances	during the 5
	vear period precedit	ng the date of this prop	osal? Ves	No [oming me 2-
	Joan Period Protection			140 []	
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